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Reply to Office Action of December 21, 2004

FEB 21 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

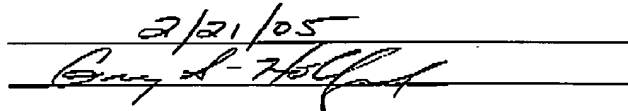
Appl. No. : 09/938,112 Confirmation No. 1929
Applicant : DONOVAN
Filed : August 23, 2001
Title : BOTULINUM NEUROTOXIN-SUBSTANCE P CONJUGATE OR
FUSION PROTEIN FOR TREATING PAIN

TC/A.U. : 1600/1653
Examiner : KAM, C.M.

Docket No. : D2875-DIV
Customer No. : 33197

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Alexandria, VA 22313-1450, to fax number 703-872-
9306, on the date indicated below.

2/21/05


AMENDMENT

Sir:

In response to the Office Action of December 21, 2004,
please amend the above-identified application as follows:

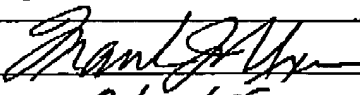
Amendments to the Claims are reflected in the listing of claims
which begins on page 2 of this paper.

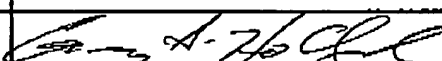
Remarks/Arguments begin on page 7 of this paper.

FEB 21 2005

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/938,112
		Filing Date	8/23/2001
		First Named Inventor	Donovan
		Group Art Unit	1653
		Examiner Name	KAM
Total Number of Pages in This Submission	11	Attorney Docket Number	D2875-DIV

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Frank J. Uxa Registration No. 25,612
Signature	
Date	2/21/05

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 703-872-9306, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Greg S. Hollrigel	
Signature		Date 2/21/05

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